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\*\* CONTINUING DATA \*\*\*\*\*  
*None LX*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None LX*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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 006147  
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TITLE  
 Hierarchical materials

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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